के तहत उद्यमियों को यूनिटें स्थापित करने के लिए सहायता दी जाती है, मंत्रालय की एक और योजना के तहत ऐसी यूनिटों के लिए 15% तक मूल पूंजी उपलब्ध कराने की भी व्यवस्था है।

अतिरिक्त बॉटलिंग एककों को अनुमति देने पर रोक

264. **श्री अजीत जोगी:** क्या **खाद्य प्रसंस्करण उद्योग** मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने यह सुनिश्चित करने के लिए कि शीतल पेय कांसेंट्रेट की बिक्री कुल कारोबार के 25 प्रतिशत से अधिक न हो, अतिरिक्त बॉटलिंग एककों को अनुमति देने पर रोक लगा दी है;

(ख) क्या इसके बावजूद भी इस पर पूरी तरह से रोक नहीं लगाई गई है और यदि हां, तो क्या इस संबंध में किसी जांच के आदेश दिये गए हैं; और

(ग) यदि हां, तो जांच प्रतिवेदन का ब्यौरा क्या है और सरकार द्वारा इस मामले में क्या कार्यवाही की जा रही है?

खाद्य प्रसंस्करण उद्योग मंत्रालय के राज्य मंत्री (श्री तरूण गोगोई): (क) फल उत्पाद आदेश के तहत अतिरिक्त बाटलिंग संयंत्र लगाने पर कोई रोक नहीं लगाई गई है। नई औद्योगिक नीति के अनुसार मृदु पेय सांद्रण के निर्माण को लाइसेंसमुक्त कर दिया गया है और उद्यमियों को उक्त पेय के निर्माण के लिए औद्योगिक उद्यमी ज्ञापन प्रस्तुत करना होता है।

(ख) और (ग) प्रश्न नहीं उठता।

Health for all by the turn of the Century

265. SHRI GAYA SINGH:
SHRI N. GIRI PRASAD:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government agrees with the cross section of experts who attended the international conference on "Health, Environment and Development" held at Madurai in January, 94 - and that the expectation of health for all by the turn of the century is nothing more than a "Mirage", and

(b) if so, what are the unforeseen hurdles that have come up in the way of achieving this target; and how far the deadline to achieve the Health for all is proposed to be deferred?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) No report or details about the Conference have been received, as such no views can be expressed. However all efforts are being made to achieve the goal or Health for All in a time bound manner.

Curbing the Population Growth

266. SHRI KRISHAN LAL SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that about 120 million eligible couples of the country do not have access to the family planning services;

(b) whether it is also a fact that there is need to improve the status and role of women in checking population growth;

(c) if so, what steps Government propose to take in this regard; and

(d) whether Government also propose to utilise the services of NGOs to penetrate in the orthodox sections of the society, if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) No Sir. Family Welfare Services are available to any couple desirous of availing them.

(b) Yes Sir.

(c) Population concerns are an integral part of the development programmes in the country i.e. female literacy, improving the status of women, increasing opportunities for employment of women, raising the age of marriage of girls, attitudional changes in regard to strong son preference, increasing participation of women in F.W. Programme through Mahila Swasthya

Sangha, intensive coverage under the maternal and child health services etc.

(d) Yes Sir. A number of schemes have been formulated for implementation through NGO's.

Rise in AIDS cases in India

267. SHRIMATI KAMLA SINHA:
DR. BAPU KALDATE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made any assessment of the rise in AIDS cases at the end of 1993;

(b) if so, what is the comparative percentage of rise in the HIV positive cases at the end of 1993 as compared to the cases in 1991 and 1992;

(c) what percentage of the funds released to the State Governments to fight AIDS remained unutilised at the end of financial years 1991-92, 1992-93 and in 1993-94 stating the reasons for non-utilisation of the funds in full; and

(d) what according to the review, are the deficiencies in the measures taken so far to fight AIDS and what strategy is formulated to check AIDS in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Yes Sir. There has been rise in AIDS cases from 290 at the end of 1992 to 559 at the end of 1993. In HIV positive cases also there is an increase of 76.64% in 1992 when compared with 1991 and 25.67% in 1993 when compared with 1992.

(c) The requisite information in respect of the year 1991-92 has not been received from States/UTs. Out of the funds released during 1992-93 and 1993-94 under the World Bank assisted national AIDS Control Programme, as on 31.1.94, the percentage of the unutilized funds is 67.38 and 86.48 respectively. The short-fall in the utilization of funds is due to the fact that the National AIDS Control Programme was launched only in September, 1992 and the initial problems faced by the States in launching a new programme.

(d) The strategies to combat AIDS consist of generation of awareness among risk-behaviours groups and other people, control of STD, blood-safety and rational use of blood and better facilities for surveillance, diagnosis and management of HIV/AIDS case. The programme has not taken off fully in the States. In the circumstances, it will be too early to take a review of the impact of the programme.

268. *[Transferred to the 3rd March, 1994]*

World Bank Loan for Health

269. SHRI SOM PAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to a report published in the Indian Express of the 18 November, 1993 captioned "Nation's red tape holds up Rs. 1700 crore W.B. loan for health"; and

(b) if so, what is the reaction of Government thereon and what are the factors that are inhibiting us from taking up this huge aid offered for eradicating T.B., Leprosy, Malaria and Blindness, etc?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir.

(b) The various World Bank Projects are at different stages of negotiations or finalisation.

(i) The National AIDS Control Project of Rs.308 crores from the World Bank has been finalised in September 1992 and is under implementation in all the States and U.Ts.